Americans for Family Values 244 Fifth Ave, Suite P281 new York, NY 10001

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Febuary 3, 2017

Federal Election Commission 999 East Street N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern: This committee –Americans for Family Values– intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Phil Gable, Treasurer

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व्यान्द्रपुरा ५०० । अध्यक्ता

Enc: FEC Form  $\mathbf{1} \in \mathbb{R}^{n}$  , which is the specific constant equation of  $\mathbb{R}^{n}$ 

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**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

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Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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2. DATE 0 2 0	3 2 0 1 7		
3. FEC IDENTIFICATION N	IUMBER ▶ C	رود در انسی معیاسی پیدا فرهماییدی او اسمال مشدمشد کارد آن هشم دارد در ا	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	this Statement and to the bes	t of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	_ Phil Dat	le	Date 0 2 0 3 7
NOTE: Submission of false, error		n may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	FFL. FLIBIULI

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2			
	COMMITTEE				
Candida	ate Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of ·Candidate		<u> </u>			
Candidate Party Affil	y k = man	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party C	ommittee:				
(d)		mocratic, publican, etc.) Party.			
Politica	I Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:			
	Corporation Corporation w/o Capital Stock	abor Organization			
	Membership Organization Trade Association C	ooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fu	ındraising Representative:	THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
C	ommittees Participating in Joint Fundraiser				
1.					
2	.				
3	.				
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FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name	•	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Mailing Address		
		710 0005
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person	on in possession of committee
Full Name PHIL	- GABLE, , , , , , , , , , , , , , , , , , ,	
Mailing Address	[4, 2, ,WE,S,T, ,2,4,t,h, ,S,T,R,E,E,T, , , , ,	
•		
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Title or Position	CITY : STATE	ZIP CODE
[E, X, E, C, U, T, I, V, E,	DIRECTOR Telephone number 21	2 -[7,2,6]-[2,5,5,1
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
Full Name of Treasurer	L, ,G,А,В,Е, , , , , , , , , , , , , , , , , ,	
Mailing Address	[4,2, ,WE,S,T, ,2,4,t,h, ,S,T,R,E,E,T, , , , , , ,	
	N <sub>1</sub> E <sub>1</sub> W <sub>1</sub> Y <sub>1</sub> O <sub>1</sub> R <sub>1</sub> K <sub>1</sub> N <sub>1</sub> Y STATE	1,0,0,1,0
Title or Position		2 -17.2.6 -12.5.5.1

(1.0	evised 02/2009)		Page <b>4</b>
Full Name of Designated			
Mailing Address		!	
	CITY	STATE	ZIP CODE
Title or Position			
	<u>                                      </u>	one number	]-[
	, , M,O,R,G,A,N, ,C,H,A,S,E, ,B,A,N,K,	111111	
Mailing Address		1111111	1 1 1 1 1 1 1
Mailing Address			
Mailing Address			<u> </u>
Mailing Address	CITY	STATE	ZIP CODE
Mailing Address  Name of Bank, Deposit	***************************************	STATE	ZIP CODE
	***************************************	STATE	ZIP CODE
	***************************************	STATE	ZIP CODE
Name of Bank, Deposit	***************************************	STATE	ZIP CODE
Name of Bank, Deposit	***************************************	STATE	ZIP CODE

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Received from Senate Public Records Office	Date of Receipt
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